

ASSISTANCE DOG SPECIAL ALLOWANCE RENEWAL APPLICATION

Department of Social Services
Assistance Dog Special Allowance (ADSA)
744 P St., M.S. 6-94
Sacramento, CA 95814
Phone (916) 657-2628 V/TDD

Please use the reverse side to show a change of name or address, **or** if your check is to be sent to a different address than the one shown here.

Please complete, sign and return this form to the above address by _____. If you do not, you will be terminated from the Assistance Dog Special Allowance program.

SSN: _____

Date: _____

1. Are you receiving: ☐ SSI/SSP ☐ IHSS ☐ Both ☐ Neither
2. Is your dog, _____ (give name) still in active service? ☐ Yes ☐ No
3. If no, when did he or she cease to be in active service? _____ (month/year)
4. Have you obtained another trained assistance dog? ☐ Yes ☐ No
5. Name of new dog _____ Date acquired _____
6. Name and phone number of school or trainer where you obtained your new dog: _____
() _____
7. Applicant signature (or mark) _____
8. Area code and phone number () _____
9. I certify to the above **under penalty of perjury**, subject to prosecution as the crime of perjury and the Penal Code.
10. Name and phone number of person witnessing applicants mark, if applicable.

Name: _____

Area code and phone number: () _____

See reverse side

CHANGE OF NAME AND/OR ADDRESS FOR RECEIPT OF NOTICES:

New name, if applicable: _____

New address, if applicable: _____

CHANGE OF PAYEE AND/OR ADDRESS FOR RECEIPT OF CHECKS:

If you want to continue receiving your notices at the address shown on the front of this form but you want to receive your checks at a different address, please show the address for your checks below. If you want your checks mailed directly to your bank, please include the name and telephone number of your bank, and your account number:

Payee: _____

Account # _____

Address: _____

Telephone: () _____

Would you prefer your next renewal application on a 3.5 IBM compatible floppy disk
☐ Yes ☐ No

State law (Welfare and Institutions Code Section 12553) authorizes the California Department of Social Services to collect and maintain the information on this form to administer the ADSA program. This information is used only to determine continuing eligibility for this program; no further transfer of information is foreseen. The disclosure of your Social Security Number is required by Title 42 U.S. Code Section 405 and Welfare and Institutions Code Section 12553.